NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI OFFICE OF THE GOVERNOR DIVISION OF MEDICAID

Miss. Division of Medicaid c/o Ginnie McCardle, Spec. Proj. Officer Robert E. Lee Building 239 N. Lamar Street

Specific Legal Authority authorizing the promulgation of Rule: Miss. Code Ann. §43-13-121(1972), as amended

Suite 801 Jackson, MS 39201-1399		Reference to Rules repealed, amended or suspended by the Proposed Rule : Provider Policy Manual Section 7.09 and 28.80	
(601) 359-6310			
http://www.dom.state.ms			
Explanation of the Purpe AP2007, 16 This Administ	ose of the Proposed Rule and the r	cason(s) for proposing the rule:	
AP2007-16 This Administrative Policy amendment updates section 28.08 and creates a new section in 7.09. Both sections outline Medicaid's guidelines for fund-raising and how obtained funds can be used in paying for transplant costs not normally covered by the Mississippi Medicaid Program. Details in how the funds raised are administered and who			
			administers them are outlin
This rule is proposed as a	Final Rule, and/or a Tempora	ry Rule (Check one or both boxers as applicable.)	
address. Persons making	comments should include their n	ddressing written comments to the agency at the above name and address, as well as other contact information, and phone number of the party or parties you represent.	
Oral Proceeding:	Check one box below:		
☐An oral procee Place:	ding is scheduled on this rule on Da	ste: Time:	
the above address include your nam	at least day(s) prior to the pr	ral proceeding you must make a written request to the agency at occeeding to be placed on the agenda. The request should Il as other contact information; and if you are an agent or the party or parties you represent.	
will be held if a w persons. The writ (20) days after the number of the per	ritten request for an oral proceeding ten request should be submitted to t e filing of this notice of proposed ru	Where an oral proceeding is not scheduled, an oral proceeding is submitted by a political subdivision, an agency or ten (10) he agency contact person at the above address within twenty le adoption and should include the name, address and telephone or are an agent or attorney, the name, address and telephone	
Economic Impact Statem	ent: Check one box below:		
The agency has	s determined that an economic impa	ct statement is not required for this rule, or	
☐The concise su	mmary of the economic impact state	ement required is attached.	
The entire text of the Propo	osed Rule including the text of any	ule being amended or changed is attached.	
Date Rule Proposed: Apri	1 2, 2007	Proposed Effective Date of Rule: June 1, 2007	
/////	Executive Director		
Signature and Title of Por	rean Submitting Rule for Filing		

SOS FORM APA 001 Effective Date 07/29/2005